

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

**RECEIVED**

JAN 04 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Committee THE BONDURANT CAMPAIGN

Address P.O. Box 1045 Grenada, MS 38901

Telephone 662-226 3245 Fax 662 226 7529

Treasurer Aida Bondurant Email swbond@yahoo.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>18,375.00</u> + \$	\$ <u>18,375.00</u>	\$ <u>18,375.00</u>
Total amount of disbursements	\$ <u>754.40</u> + \$ <u>0</u>	\$ <u>754.40</u>	\$ <u>754.40</u>
Total amount of cash on hand		\$ <u>50,079.26</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Aida Bondurant  
Signature of Director or Treasurer

2 Jan 2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee The Br. Durant Campaign Page 1 of 9  
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Americhoice Health Services</u>	<u>Jan 4, 2010</u>	\$ <u>1,000</u> -
Mailing Address <u>INC.</u>	___/___/___	\$
<u>P.O. Box 1459</u>	___/___/___	\$
City, State, Zip Code <u>Minneapolis, MN 55440-1459</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NOVARTIS Pharmaceuticals Corp.</u>	<u>Jan 4, 2010</u>	\$ <u>250</u> -
Mailing Address <u>One Health Plaza</u>	___/___/___	\$
City, State, Zip Code <u>East Hanover, NJ 07936-1080</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astra Zeneca</u>	<u>6, 21, 2010</u>	\$ <u>400</u> -
Mailing Address <u>7516 Jeanette Street</u>	___/___/___	\$
City, State, Zip Code <u>New Orleans La 70118</u>	___/___/___	\$
Name of Employer (Required) <u>Pharmaceuticals</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>	___/___/___	\$
Mailing Address <u>2630 Ridgewood Road, Suite C</u>	<u>8, 23, 2010</u>	\$ <u>500</u> -
City, State, Zip Code <u>JACKSON, MS 39216-4920</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee The Bondurant Campaign Page 2 of 9  
 Reporting period Jan 1, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan  
☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
ADVANCE America	OCT 26 2010	\$ 250.00
Mailing Address		
210 MS. Meredith Broyles	__/__/__	\$
City, State, Zip Code		
278 Planters Grov	__/__/__	\$
Name of Employer (Required)		
Ridgeland MS 39157-2035	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan  
☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
How. & Mrs. Wm. L. Walker Sr.	OCT 29 2010	\$ 300.00
Mailing Address		
P.O. Box 4	__/__/__	\$
City, State, Zip Code		
JACKSON MS 39205-0064	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan  
☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
William B. Ridgeway Jr.	OCT 29 2010	\$ 250.00
Mailing Address		
P.O. Box 781	__/__/__	\$
City, State, Zip Code		
Jackson, MS 39205-0781	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan  
☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mike Lodenberry	OCT 29 2010	\$ 520.00
Mailing Address		
3941 Eastwood Drive	__/__/__	\$
City, State, Zip Code		
Jackson MS 39211	__/__/__	\$
Name of Employer (Required)		
	__/__/__	\$
Occupation (Required)		
	Aggregate year-to-date	\$

Name of Candidate or Committee The bondurant Campaign  
 Reporting period Jan 01, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr &amp; Mrs. Wallace Alfred</u>	<u>Oct 29 2010</u>	\$ <u>500 -</u>
Mailing Address <u>P.O. Box 550</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Cellina, MS 39428</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

  

B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT &amp; T Mississippi Political Action Com</u>	<u>Nov 5 2010</u>	\$ <u>500 -</u>
Mailing Address <u>175 East Capitol St Suite 702</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, MS 39201 - 2135</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

  

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anthony J. Clark</u>	<u>Nov 10 2010</u>	\$ <u>3,520 -</u>
Mailing Address <u>101 Brogan's Point Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>The Woodlands TX 77380</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

  

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Xavier Almandou</u>	<u>Nov 15 2010</u>	\$ <u>2,300 -</u>
Mailing Address <u>28420 Hardy Tall Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>STE 125 Spring TX 77373</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Box - 8084</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee The Bondurant Campaign Page 4 of 9  
 Reporting period Jan 1, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. &amp; Mrs. J. F. Bondurant</u>		<u>Nov 8 2010</u>	\$ <u>1,000 -</u>
Mailing Address <u>PO Box 215</u>		<u>1 1</u>	\$
City, State, Zip Code <u>Forest, MS 39074</u>		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Carl Herwin</u>		<u>Nov 8 2010</u>	\$ <u>500 -</u>
Mailing Address <u>P.O. Box 329</u>		<u>1 1</u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. James B. Furch, Jr.</u>		<u>Nov 8 2010</u>	\$ <u>100 -</u>
Mailing Address <u>4450 Old Canton Rd Ste 205</u>		<u>1 1</u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Crown Pointe Resources, Inc</u>		<u>Nov 8 2010</u>	\$ <u>500 -</u>
Mailing Address <u>855 S. Pear Orchard Rd. STE 203</u>		<u>1 1</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee The Endurance Campaign Page 5 of 9  
 Reporting period June 1, 2010 through Dec 31, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Charles Hatis</u>	<u>NOV 18 2010</u>	\$ <u>500 -</u>
Mailing Address <u>134 Woodmont way</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. R. Mounger</u>	<u>NOV 8 2010</u>	\$ <u>500 -</u>
Mailing Address <u>200 E Capital St STE 1601</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2201</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. H. E. Stoner</u>	<u>NOV 8 2010</u>	\$ <u>500 -</u>
Mailing Address <u>P.O. Box 16545</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Jackson, MS 39236-6546</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. Julius M. Ridgway, Sr.</u>	<u>NOV 8 2010</u>	\$ <u>200 -</u>
Mailing Address <u>P.O. Box 16667</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Page 6 of 9

Name of Candidate or Committee The Bondurant Campaign  
 Reporting period Jan 1, 2010 through Dec 31, 2010  
**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ordy and Mark Cook</u>	<u>11/10/2010</u>	\$ <u>2,000-</u>
Mailing Address <u>103 Baromet woods CT</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>The woodlands, Tx 77382</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI AGENTS &amp; EMPLOYEE PAC</u>	<u>11/16/2010</u>	\$ <u>200-</u>
Mailing Address <u>P.O. BOX 39</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>OLIVE BRANCH, MISS 38654</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ABBOTT LABORATORIES EMPLOYEE PAC</u>	<u>11/24/2010</u>	\$ <u>325.00</u>
Mailing Address <u>100 ABBOTT PARK ROAD</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>ABBOTT PARK, IL 60024-6028</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Amicare</u>	<u>12/08/2010</u>	\$ <u>300-</u>
Mailing Address <u>134 Fairmont St. Ste B</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$



Name of Candidate or Committee The Bondurant Campaign  
Reporting period Jan 01, 2010 through Dec 31, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research and</u>		<u>12/09/2010</u>	\$ <u>250</u>
Mailing Address <u>Manufactures of America</u>		____/____/____	\$
City, State, Zip Code <u>950 F Street, NW Washington, DC</u>		____/____/____	\$
Name of Employer (Required) <u>20004</u>		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company LLC</u>		<u>12/15/2010</u>	\$ <u>500</u>
Mailing Address <u>Centene Corporation</u>		____/____/____	\$
City, State, Zip Code <u>St Louis MO 63105</u>		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ridgeway Management, Inc.</u>		<u>12/24/2010</u>	\$ <u>500</u>
Mailing Address <u>233 1/2 E. Capital St.</u>		____/____/____	\$
City, State, Zip Code <u>Jackson MS 39201</u>		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Financial Management LLC</u>		<u>12/29/2010</u>	\$ <u>250</u>
Mailing Address <u>PO Box 61270</u>		____/____/____	\$
City, State, Zip Code <u>Phoenix AZ 85082-1270</u>		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee The Bondurant Campaign  
Reporting period Jan 1, 2010 through Dec 31, 2010

# ITEMIZED DISBURSEMENTS

A. Full name <u>The Coffeeville Courier</u>		Date (Mo., Day, Year) <u>1/4/10</u>	Amount of each disbursement this period \$ <u>56 -</u>
Mailing Address <u>P.O. box 607</u>			
City, State, Zip Code <u>Coffeeville MS 38922</u>		<u>4/27/10</u>	\$ <u>22 -</u>
Purpose of Disbursement (Optional) 		Aggregate Year-to-date	\$ <u>78 -</u>
B. Full name <u>Pea Ridge Hunting Club</u>		Date (Mo., Day, Year) <u>4/29/2010</u>	Amount of each disbursement this period \$ <u>15 -</u>
Mailing Address <u>135 Oak St</u>			
City, State, Zip Code <u>Orenada, Me 38901</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) 		Aggregate Year-to-date	\$
C. Full name <u>Mississippi Republican Elected Officials Association</u>		Date (Mo., Day, Year) <u>4/29/2010</u>	Amount of each disbursement this period \$ <u>25 -</u>
Mailing Address 			
City, State, Zip Code <u>54 Highway 8 West</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Calhoun City MS 38916</u>		Aggregate Year-to-date	\$
D. Full name <u>Exchange Club</u>		Date (Mo., Day, Year) <u>6/17/2010</u>	Amount of each disbursement this period \$ <u>200 -</u>
Mailing Address <u>Orenada, MS 38901</u>			
City, State, Zip Code 		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) 		Aggregate Year-to-date	\$
E. Full name <u>Southern Christian Service</u>		Date (Mo., Day, Year) <u>7/11/20</u>	Amount of each disbursement this period \$ <u>250 -</u>
Mailing Address <u>for Children Youth, INC</u>			
City, State, Zip Code <u>860 East River Place Suite 104</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Jackson, MS 39202</u>		Aggregate Year-to-date	\$
F. Full name 		Date (Mo., Day, Year) <u>1/1/</u>	Amount of each disbursement this period \$
Mailing Address 			
City, State, Zip Code 		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) 		Aggregate Year-to-date	\$

Name of Candidate or Committee

The Bondurant Campaign

Reporting period

Jan 1, 2010 through Dec 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Big Red Booster Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 567	7/15/10	\$ 100.00
City, State, Zip Code	Coffeyville MS 38922	1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name	Yalabusha Historical Society	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		7/15/10	\$ 20.00
City, State, Zip Code	Coffeyville MS 38922	1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name	Grenada Bands	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1890 Fairground Road	SEP 120 12010	\$ 40.00
City, State, Zip Code	Grenada MS 38901	1/1/10	\$
Purpose of Disbursement (Optional)	1/4 page ad	Aggregate Year-to-date	\$
D. Full name	POSTMASTER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Grenada MS 38901	OCT 29 2010	\$ 8.80
City, State, Zip Code		DEC 11 2010	\$ 17.60
Purpose of Disbursement (Optional)	Stamps	Aggregate Year-to-date	\$ 26.40
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$